

The problem of subprofessional training is simpler than that of professional education as it requires less time and expense. It should, however, be recognized as an important and fundamental part of a public health training program and not relegated to incompetent hands on the grounds that it is beneath the dignity of an academic institution.

Finally, may I stress the vital importance of the highest academic standards in any public health training program. It would seem unnecessary to point out that, dependent upon the various levels at which training is to be given, the academic standards should be the same as for other professions. Yet the personnel shortages are so great and the demand for personnel

so insistent that some have suggested lower standards as a means of attracting persons into public health work. Nothing could be more shortsighted, for the lowering of academic standards would automatically result in a deterioration in the professional quality of work and deter persons of real ability from seeking careers in public health.

What is needed today in all countries is an elevation of professional standards so that public health will attract the highest quality of personnel. Only in this way will we be able to provide personnel of the quality needed to carry on the manifold responsibilities of the program.

Meeting World Health Problems, 3

The Need for Public Understanding and Support

By A. W. DENT, LL.D.

Public health as the science and practice of preventing disease and infirmity through community efforts has developed slowly over the centuries, beginning first with quarantine laws as the barrier device to protect a well community from the invasion of epidemic disease carried by a sick person. Not very long ago some cities actually prohibited any newcomer from entering the gates until he had lived outside for a prescribed period, to prove that he was not sick nor likely to become sick.

Today such measures are impracticable. A well man exposed to a virulent form of influenza in New York could, traveling by air,

develop the infectious stage a few days later in India and conceivably continue on through Japan to San Francisco back to New York before being hospitalized, spreading the virus en route.

Moreover, mosquitoes, which carry many diseases, are unable to recognize quarantine. Some years ago the world's worst malaria vector, *Anopheles gambiae*, was found in Brazil, having been imported from Africa. It was eradicated from Brazil by the Rockefeller Foundation at a cost of millions of dollars. Dr. Raymond Fosdick has suggested that it might be cheaper to eradicate or control mosquitoes in populous areas of Africa than to rely on quarantine measures to prevent their introduction into new areas.

Obviously, public health programs need more than the enforcement of regulations to be successful: an educational effort is as necessary as the provision of safe drinking water or the sanitary protection of the food supply. People

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need an educational program which teaches the fundamental principles relating to protection of the health of themselves, their families, and their friends, and which will interest them in acting on this knowledge.

Development of Health Education

The first efforts in health education of the public might be described as the logical progression from the kind of language appearing on quarantine placards to a venture into the advertising field. Posters and pamphlets exhorted and ordered people not to do this or that and warned them against the horrors of various diseases. Health propaganda was the term used in those days and it is interesting to note that in many parts of the world today, particularly where there is much illiteracy, using graphic "propaganda for health" is still common practice.

But people do not like to follow orders blindly, and, this fact being noted by health educators, the next step was to take the public into closer confidence and explain the reasons for the orders, which now became recommendations. The principle that the major purpose of health education is to close the gap between scientific knowledge and its application in daily life was formalized. Obviously, if a sufficient degree of application of the knowledge of hygiene could be attained today by everyone, the public health millennium might be at hand. Unfortunately, however, there are many obstacles in the way: in the United States, movies, radio, television, automobile, hobbies, and the job of earning a living; in underdeveloped countries, illiteracy, religious practices and prejudices, the task of eking out an existence, and political unrest. The health educator must find means to overcome such obstacles, a task that can be done.

It is not enough, however, to make health knowledge available; the individual has to decide for himself to accept such knowledge and make it part of his way of life. As the physician, through the concept of psychosomatic medicine, has rediscovered the patient, so the public health worker has rediscovered the public he serves by the realization that people are best helped through understanding how to help themselves. So the third step in the develop-

ment of public health education is now being taken through the eminently practical concept of citizen partnership in the public health program.

The entry of the citizen as a participating partner in public health planning and action may have come about in the following way.

Public health programs cost money, and fairly early it became common practice for the health educator to explain the program to the public, point with pride to achievements, and view with alarm the unmet health needs of the community. He used his public as a channel for interpretation to all the people, and he harnessed the power of teams of volunteer workers as campaigners and contributors. But, finally admitted to the inner sanctum, the public has not chosen to leave.

The silent partner who provided the wherewithal is becoming potentially a very vocal and intelligent participating partner, and on the farm, in the villages, the counties, and cities he is the flesh and bone of citizen health councils. Here is the newest tool to break through the shell of apathy. As more and more people join together to study their health needs and work out programs to meet these needs through community effort, they will be subject to the strongest incentives to make the application of health knowledge part of their way of life. To many health workers, helping to bring this about is one of the greatest challenges in the public health field today.

No, the goal of the modern health educator is not "to tell something to the people," nor is it "to work out a solution with the people." His objective is to help people to work out their own solutions to their health problems.

Citizen Participation in the World Community

Let us now turn to the wider scene—what local communities are doing, the world community can do. Ideally, what is needed is genuine citizen participation in the planning and work of the United Nations, participation by citizens of every country on the globe. I believe no one will disagree with this thought.

Here I wish to quote from a recent speech by Dr. Frank Boudreau, entitled "Our Stake in World Health," which he delivered at the an-

nual meeting of the American Public Health Association in San Francisco last October.

. . . Since its establishment the United Nations has been ceaselessly engaged in a desperate struggle to prevent the spread of war. Its attention has of necessity been concentrated on the prevention of aggression, the policing of the world. I realize that police forces are essential even in our most advanced cities. But peace is never a product of police forces alone. It is the fruit of mature minds in a healthy social and economic environment. I do not mean to decry the activities of the Security Council and the Assembly when I say that the real work of the United Nations is the organization of peace. Peace might be built, little by little, if men could be persuaded that the building of peace is just as important as the prevention of aggression. For police action may detect and punish the criminal, but rooting out the causes of crime is a task for other forces.

Economic and social development is needed to heal a sick world and set it on its feet. We have in the United Nations and the specialized agencies all the machinery needed for this purpose . . .

What are these specialized agencies of the United Nations to which Dr. Boudreau refers? There are 10 of them, including the United Nations Educational, Scientific, and Cultural Organization; the World Health Organization; the Food and Agriculture Organization; the International Labor Organization; the International Bank for Reconstruction and Development; and the Interim Commission of the International Trade Organization.

These are autonomous organizations with their own constitutions, legislative and executive bodies, budgets and secretariats, cooperating with the UN and with each other, and seeking to carry out chapter IX of the UN Charter calling for international action to promote economic and social progress. To their number should be added the United Nations International Children's Emergency Fund, an integral part of UN, which in its program cooperates with the specialized agencies.

We are all aware that public health is not an independent cause and that, to achieve better living conditions, people need to make progress simultaneously in several basic fields—in health, in education, in food production and nutrition, in transportation, in communication, and in the development of purchasing power. The Honorable Willard Thorp, Assistant Secretary of State for Economic Affairs, has remarked: "People who are sickly and weak

cannot produce efficiently and have little interest in learning. People who are poorly fed are more susceptible to disease and indifferent to education. People who are ignorant will not readily understand the reasons for sanitation and better farming practices."

Planting good seed and raising good stock are parts of the total program. WHO teams in India and Thailand have found that one of the best steps they can take is to get children to plant vegetable gardens. Engineers in Bengal found that with malaria under control the farmers in an area were able to produce 543 pounds more rice per acre. In many countries, building a system of good roads will raise the living standard more than any other single step. Trade can grow, labor can move about, food can be distributed. Dr. Winslow has reported that killing all the intestinal parasites flourishing inside the people on a Caribbean island would automatically double the food supply available to these people.

Citizen Councils

The work of the specialized agencies needs the understanding and support of citizens in all countries. The National Commission for UNESCO has led the way in the United States. At the Third World Health Assembly the delegates unanimously adopted a resolution urging the creation in their respective countries of citizen groups to build understanding and support for the work of the World Health Organization. Such groups have been formed in Finland, Austria, Japan, and Canada, and last October the National Health Council—the agency which is working with local and State health councils throughout the United States—announced the launching of a National Citizens Committee for the World Health Organization with the endorsement of the American Association for the United Nations—

. . . to increase through educational efforts public knowledge concerning the work of the World Health Organization, appreciation of the importance of international health programs, and understanding of the relation of public health issues involved to the general welfare of the world community. . .

These citizen groups should not be confused with the official agencies charged with the re-

To be solved Education of the Public in Health and Hygiene

- *What educational activities can aid in developing health programs and in moving people to act for their better health?*
- *What influences have the social and religious traditions of a people on the success of a health program? Can cultural anthropology contribute to planning a sound health program?*
- *What techniques has the health educator for working in creative cooperation with the people served?*
- *What is the goal of public health education in world health programs—to tell something to the people, or to help them work out solutions to their problems?*
- *What may be learned by the United States from the programs of group thinking and mutual cooperation as applied by the WHO?*

sponsibility of cooperating with WHO in administering technical public health programs in their respective countries. The task of these groups is to cause people to appreciate their stake in world health as of immediate concern to themselves and their families and to involve them to the limits of their abilities in doing their share in raising the standard of health throughout the world. Potentially, this can be one of the most tremendous health education endeavors ever contemplated!

Therefore, let us in conclusion revise the title of this paper to "The Need for Public Under-

standing, Support, and Participation in Meeting World Health Problems." I have mentioned the National Citizens Committee for WHO. Here is an opportunity and responsibility for Americans to take up partnership in the work for world health. What should be the full purpose and activities of this committee? What should be its membership and how should it be organized? What should be its relationship with our governmental agencies, with WHO, and, in time, with similar citizen groups in other countries?

Meeting World Health Problems, 4

The Need for Money Resources

By FRANK G. BOUDREAU, M.D.

The task of answering the questions on the need for money resources should have been assigned to a hard-headed business man. Since I have accepted the assignment, however, I have no recourse except to do my best.

1. *How much money is now available for promoting the cause of world health?*

The draft budget of WHO reveals that in 1951 the regular budget was approximately 6.75 million dollars; in 1952, 7.9 million; and for

1953, the amount requested is 8.67 million. To these amounts should be added funds for technical assistance and the cost of needed supplies and equipment which must be imported. Grand totals would then be in 1951, 12.75 million dollars; in 1952, 22.33 million; and, in 1953, 24.33 million.

The Director-General of the World Health Organization points out that these amounts would not permit WHO to provide all the tech-